Rec'd PCT/PTO 2.7 APR 2005

MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CAL ATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER **AS FILED** AFTER I"AMENDMENT AFTER 2 MAMENDMENT AS FILED I AMENDMENT 1 MAMENDMENT IND. DEP. IND. DEP. IND. | DEP. IND. DEP. IND. DEP. IND. DEP. 14 = 9.7

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CLAIMS

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